



Los Angeles Community College District
Nonresident Tuition Fee Waiver Application
(Supplement to Form YS-1)

Name: _____ Student ID # _____
Last First Middle Initial
 Home Address: _____ Telephone Number (____) _____
Street City Zip Code
 Date of Birth ____/____/____, Age ____

1. My immigration status prevents me from establishing residency in the United States. Yes No
 (Note: If you have a current "B" – Visitor, or "F" – Student Visa, you are not eligible for this waiver)
2. My family income is at or below the income levels in the chart below. Yes No

<i>Family Size</i>	<i>Income</i>
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295
7	\$49,905
8	\$55,515
Each Additional Family Member	\$ 5,610

CERTIFICATION FOR ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. If I falsify information on this form, I will be responsible for reimbursing the college for any nonresident tuition fees owed, and I will also be subject to student discipline, up to and including suspension and/or expulsion from the District.

 Applicant's Signature Date Parent Signature (If student is under the age of 18) Date